

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/590975</div>	FILING DATE
APPLICANT(S)								
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	✓		✓					
2		✓		✓				
3		✓		✓				
4		✓		✓				
5		✓		✓				
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50		✓		✓				
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								
51		✓		✓				
52	✓		✓					
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100								
TOTAL IND.		↓	3	↓		↓		
TOTAL DEP.		←	52	←		←		
TOTAL CLAIMS			55					